NO Y	exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
í ( j.	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?  EXEMPTION – Have you excluded from this report any other assets, "unearmed" income, or liabilities of a spouse or dependent child because they meet all three tests for
STIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
2LETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE
from a Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?  Yes  Ves  J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?
nent with an Yes No No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?
orting Yes No ate of filing?	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or in the current calendar year up through the date of filing? b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?
	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant  to  Individue
U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	New Member of or Candidate for State: ME  U.S. House of Representatives District: // Til-  Candidates – Date of Election: //-6-20/F, Para 447  Candidates – Date of Election: //-6-20/F, Para 447  Candidates – Date of Election: //-6-20/F, Para 447  Check if Amendment
18 APR 25 PM 1:01	Name: KalsTine M. Bonos Daytime Telephone:
APR 16 2018 LEGISLATIVE RESOURCE CENTER	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: KRISTINE M. BONDS Page\_

101(K) 7EA	Pragare	BANK J AMERICA X	CAN PANIN CHICKS	CAME	ABC Hedge Fyrd X	Examples: Simon & Schuster	PP. Hega Corp Shoot EFF		For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds. Countries (do not use only ticker symbols).		Assets and/or Income Sources	BLOCK A
				メ		Indefinite	×	\$1,001-\$15,000 C \$15,001-\$50-000 D \$50,001-\$100,000 m	-	Column wis for assets need by your spouse or dependent child in which you have no interest.	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please apacity the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	9
		<u> </u>	-		×	$\vdash$		\$250,001-\$500,000	1	inter	dose ther ther the	0	вгоск в
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								\$5,000,001-\$25,000,600 <b></b>		987	orting arket ing p e, the		
						Ĺ		\$25,000,001-\$50,000,000	1	or de	peric value value		
<u> </u>	ļ		ļ	<u> </u>		ļ		Over \$50,000,000	_	pena	d. If		
<u> </u>		ļ			_	L		Spouse/DC Asset over \$1,000,000*			2 3 4 4 6		
		<u> </u>	ļ		ļ	ļ		NONE	-	None None	Check that g 401(k) the intere- letere- reinver		
<u> </u>	<u> </u>	1	$\vdash$	<u> </u>	_	$\vdash$	×	DIVIDENDS		"None" if the asset gene during the reporting period.	Check ell columns that all that generate tax-deferre that generate tax-deferre 401(k), IRA, or 529 account the "Tax-helierred" columntest, and capital interest, and capital reinvested, must be dia for assets held in taxable		
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		*		×		$\perp$	-	INTEREST	4	Eng p	at cap	ě	굗
·			_	—	<b> </b>	-	ļ	CAPITAL GAINS	-	gen gen	nat apply ferred in counts), column offai ga diactor	7	BLOCK C
,					<u> </u>	igspace		EXCEPTED/BLIND TRUST	Į	- erate	pply. For incommunity), you min. I gains, closed a account	Type of Income	G
-					Partnership Income	Royalties	}	TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		d no income	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, inferest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	•	
				×				None -	Î		ठ <b>८५ ॥</b> ४		
		×					×	\$1-\$200 =	I		For assets indicapital gal Check "No "Column X		
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×			<u> </u>	L.,	×	╁		\$5,001-\$15,000 <u>&lt;</u>	ŀ		egon reinv me v		
<u> </u>	_	_	<u> </u>	<del>                                     </del>		+	-	\$2,501-\$5,000 < Cross to 5,001-\$15,000 < State to 5,001-\$15,000 < State to 5,001-\$50,000			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.  *Column XII is for assets held by your spouse or dependent child in which you have no interest.		
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	i							Spourse/DC Income over \$1,000,000°			13 July 10 Jul		

Use additional sheets if more space is required.

# SCHEDULE C - EARNED INCOME

Name: MISTUR M BINDS Page 2

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

						<u></u>	EXAMPRES: Out Way Reported (Oct. 2) Outside County Board of Education	ABC Trade Association, Baltimore, MD (July 15)	<b>Source</b> (include date of receipt for nonoraria)	Composite the property of the	
				•	SALAMY	SALANG	Spouse Speech Spouse Salary	Honorarium Salary	Туре	Ħ	
					\	20,000	\$0 N/A	\$0 \$20,000	Current Year to Filing		
					130,000	150,000	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount	

### SCHEDULE D - LIABILITIES

Name: KAISTAY M. RONOS Page\_ 잌

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and exceeded \$10,000. fiabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period \*Column K is for liabilities held solely by your spouse or dependent child.

			,		DC, JT		
				Example			
		MA	./.	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
I					\$10,001- \$15,000	>	
ĺ					\$15,001- \$50,000	σ.	
					\$50,001- \$100,000	C	
				×	\$100,001- \$250,000	U	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	חר	Amount of Liability
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					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	_	
					Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

pointer and the contain contained your interjets contained to	prior and the content year. They be contented and new contents and in the content year and they present years.
Position	Name of Organization
,	
NIA	21/1

## SCHEDULE F - AGREEMENTS

Name: KRISTINE BONDS Page 9

Identify the da continuation o employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation i employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
	WIN	NA

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

ger common and memorine commonly a common and promise a principle continuous processing and any face of the repeated	The goal of the state of the st
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
A/N	Mr
CNLY	
SM/ OTHERT	IT SEC PAYEOUS C